

An Essay
on
Hernia, and its treatment

Respectfully submitted to the
Faculty
of the
Homoeopathic Medical College
of
Pennsylvania

On the first day of February
One thousand Eight hundred & fifty seven

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1 Hernia

In presenting the following essay for the consideration of the Faculty of the Homoeopathic Medical College of Philadelphia, on a subject second to none, in the whole field of surgical science - the writer only aims to present the results of the able & faithful instruction, received at their hands, during the brief years of his connection with this school of Medical Learning - The origination of new truths, on this or any other subject is to be expected only from the experienced Medical Practitioner, as the result of the study of years combined with the opportunity of applying Theory to Practice, in a long course of successful Professional Life -

In the able courses of lectures to which we have listened from our hono^ud Professors - and in the elaborate scientific works - which we have studied - under their direction - we have enjoyed the investigations of others - Henceforth we hope to investigate for ourselves - and upon the solid foundation which we trust has been laid by these instructions, to build a superstructure, which we hope shall not discredit the Institution which has nourished us in its bosom - At present all we know is the theory - practice which, we hope, of course, in due time will come to us, as it came to our professional seniors - is yet in the future - If in coming years, the union of the Theory with the Practice

that Hernia is the most frequent. & one requires more thorough anatomical knowledge, Skill & dexterity in operating.

In this disease when an operation is required - we have not as in many others, time to obtain able consultation. For a few hours delay may land our patient where our services will no longer be required. How important is it then that we, as Physicians should have a thorough knowledge of the Anatomy, & Treatment. Both medical, & surgical of this disease.

Definition - A hernia is the protrusion of any viscus or portion of a viscus contained in a circumscribed cavity from its natural position through a normal or newly formed opening in the parietes. - Except where the opening

H-

is caused by some mechanical injury or when it takes place at one of the natural outlets -

There are several kinds of Hernial protrusions - 1st Hernia of the Brain (Cephalocele) which is a protrusion of any of the contents of the Skull

2nd Hernia of the Thorax (Pneumocele) or a protrusion of any of the contents of the Thorax -

3rd Hernia of the abdomen - To which the term rupture has been applied - Our remarks in the following essay will be confined to this latter class of Hernial protrusions. The other kinds are so rare that the word Hernia when used simply - Refers to Abdominal rupture

Hernia has been divided into two general classes. True & False - By True Hernias we mean a protrusion of any of the contents of the abdomen which carry

before them a portion of the serous membrane lining the cavity. — By fatal Hernias we mean those cases in which the viscera pass into a neighbouring serous cavity. —

Some Hernia is divided, according to its locality into Inguinal, Femoral, or Cervical, Umbilical, & Perineal. — There are other kinds of Hernia but so rare that they will not in this brief essay claim our attention.

The condition of Hernias is also divided into Reducible, Irreducible, & Strangulated. A Reducible Hernia is one that can be made to return by pressure in the proper direction. It sometimes disappears spontaneously.

Irreducible Hernias is that kind in which the contents of tumor cannot be restored to the abdomen. arising from several causes. for instance Adhesions between

the sac & the intestine - from enlargement of the intestine or Omentum &c.

Strangulated Hernias This is caused by constriction around the Hernial Protrusion which prevents its return - at the same time produces Inflammation - & from the supply of blood being cut off - unless relieved - goes on to mortification or death of the part.

The Internal abdominal ring is situated in the Transversalis Fascia between the spine of the Pubis & the Anterior superior Spinous process of the Ilium - a little above Poupart's ligament

The External abdominal ring is formed by a splitting in the fibres of the tendon of the External Oblique muscle - it is triangular in shape with its base downwards. The sides

are called Columns. The internal one is inserted into the Symphysis Pubis. & the external one into Pouparts ligament. It gives passage to the Spermatic cord in the males & the round ligament in the female.

The Inguinal canal, is from one inch & a half to two inches in length. It is bounded anteriorly by the lower margin of the external oblique, & posteriorly by the tendon of the Internal oblique & Transversalis muscles. The parietes are formed by the Transversalis fascias. It connects the Internal with the External abdominal ring.

The Femoral Canal is the sheath of the Femoral vessels - descending with them upon the Thighs - it is formed by the Fascia Iliaca & the Fascia Transversalis.

Oblique Inguinal Hernias -

This is a Hernia which passes through the Internal abdominal ring into the Inguinal canal. emerging at the External ring. When arrested in the Inguinal canal it is called Incomplete - When the protruded part traverses the canal emerging at the External abdominal ring it is called Complete Inguinal Hernia -

When it passes into the Scrotum it is termed Scrotal Hernia -

In Oblique Inguinal Hernia there are six coverings viz. 1st The Integument 2nd The Superficial fascia 3rd The Intercolumnar fascia - 4th The Cremaster muscle 5th Fascia Propria - 6th The Peritoneal sac -

Inguinal Hernias may be confounded with

several other affections. although the careful
 diagnostician rarely makes a mistake
 It may be confounded with Hydrocele
 Hydrocele of the cord - Disease of the Testicle
 with Haematocoele & Varicocele -

Cervical or Femoral Hernia -

This is a protrusion of any of the abdom-
 inal contents through the Cervical ring
 emerging at one of the foramina for veins
 or absorbents -

It occurs far more frequently in women
 than in men on account of the natural form
 of the Pelvis which is much larger than that
 of the males - It takes place also more
 frequently in old persons than in young -
 The tumor is found below Poupart's Ligament
 instead of above as in Inguinal Hernia
 There is also more danger of strangulation

than in Inguinal Hernia on acct. of the opening through which the hernia passes being much smaller.

When the Hernial tumor reaches the termination of the Coarsal canal the further descent is prevented & there will be found six coverings Viz. 1st The Integument. 2nd The Superficial fascia 3rd The Cruriform fascia 4th The sheath of the vessels. 5th Septum Coarsale. 6th The Peritoneal sac.

Femoral Hernia may possibly be confounded with other affections - for instance Enlargement of the glands of the groin - has been mistaken for it. Proas abscess is also sometimes mistaken for this affection.

Umbilical Hernia is a protrusion of

any of the contents of the abdomen. Through the Umbilicus an opening formed in the Foetus - through the Linea Alba - for the passage of the Umbilical cord - consisting of two arteries & one vein. The aperture through which these vessels pass is usually after birth filled up by condensed cellular tissue but there is sometimes an opening left in the tendon about the size of a goose quill - through which the Hernia protrudes - It commences in the form of a small tumor & as it increases in size it becomes pendulous & hangs down to a considerable length upon the abdomen it produces a great deal of pain & if it is not checked endangers the life of the patient. If the tumor becomes inflamed it swells to an enormous size -

This kind of Hernia is far more frequent in the infant, than in the adult on acct. of the largeness of the opening for the passage of the Umbilical cords—Women are more subject to it than men & are more liable to be affected with it during pregnancy—

The coverings for an Umbilical Hernia are three in number. viz. The Integument—Superficial fascia & the Peritoneal sac—

Ventral Hernia—

A hernia protruding through the walls of the abdomen at any point with the exception of the abdominal rings & the Umbilicus is called Ventral—It is generally seated in the Linea Alba—It differs from Umbilical only in locality

The formation of the Linea Alba is sometimes defective in children - which defect will give rise to central hernias

There are generally three coverings or wrs. the Integument - Superficial fascias & Peritoneal sac.

Taxis.

The methodical pressure used to return a hernia is called Taxis from a Greek word signifying - arrangement. This operation is generally very easily performed in herniae that are free from adhesions & of small size - but it is very difficult & sometimes utterly impossible in cases of Strangulations

To perform this operation the patient should be placed upon his back. The parities of the abdomen relaxed, as much as

possible. Pressure should be made softly in the proper direction which varies according to the kind of Hernia.

Strangulated Inguinal Hernia
When the parts protruded into the hernial sac become strangulated - violent constitutional symptoms set in. The patient has severe pain in the stomach the tumor is tender to the touch & vomiting soon comes on which becomes very violent. The pulse is hard & frequent. If it goes on Peritoneal inflammation sets in & the supply of blood being cut off gangrene ~~sets in~~ commences. The pain leaves the part. The patient seems encouraged & thinks he is going to recover.

This is generally a bad symptom - Death soon follows.

If you fail to relieve the patient by the operation of Taxis - the Knife is the only resource

Operation The patient is first to evacuate the ~~bowels~~ contents of the bladder. he is then placed upon his back - with the shoulders elevated, in order to relax the abdominal muscles. The tumor is then to be grasped with the left hand & with a scalpel make an incision through the skin over the tumor. The Superficial fascia is then laid bare - a small incision is made in it large enough to admit the end of a director which should be passed under the fascia (twice) the ring. Then pass the point of a bistury along the groove of the director dividing the fascia which consists of several layers. The Cremaster muscle

is then exposed, which is divided, in the same way. The Spermial sac is next in order & you then proceed carefully to divide this. The greatest care is necessary in order to prevent cutting into the intestine or omentum.

Then ascertain the seat of the stricture (which will be either at the Internal abdominal ring - in the Inguinal canal or at the external abdominal ring) & divide it. If the circulation is ~~restored~~ be restored to the part return it into the abdomen. The wound should be closed & sutures applied - together with adhesive straps. A compress should be placed over the part - in order to close the orifice of the sac - & promote adhesion. The sutures may be removed about the fifth or sixth day - & the patient kept at

rest till the wound is entirely healed

Strangulated Femoral Hernia

The symptoms of Strangulated Femoral Hernias are similar to those of Inguinal

Operations. The bladder must be emptied & the hair shaved from over & around the tumor. The operation is performed in the same manner as in Strangulated Inguinal Hernias by cutting through the Integument - Superficial Fascia &c. The seat of the stricture is then ascertained. A director passed into the Hernial sac & the Knife along the groove of the director & the stricture carefully divided by cutting upwards & outwards. After returning the protruded parts the wound is closed by sutures & adhesive straps.

Strangulated Umbilical Hernia
 Symptoms the same as in the two
 kinds already described - If the Hernia
 cannot be reduced by taxis proceed with
 the operation. which consists in making
 an incision over the tumor & proceeding as
 before described. Then ascertain the seat
 of the stricture & divide it by cutting up-
 wards ~~towards~~ the Costiform cartilage
 The protruded part should then be
 returned & the wound dressed in the same
 manner as for the other kinds of Hernia
 A compress should be placed over the part
 & bound down by a bandage which shall
 extend around the body -

Strangulated Ventral Hernia
 should be treated in precisely the same
 manner as Strangulated Umbilical -

After a hernia has been reduced suitable trusses should be applied.

One of the greatest triumphs of Homoeopathy is the successful treatment by medicinal means of Strangulated Hernia. In many cases where the Physician of the Old School would use the Knife - We have been enabled by the employment of proper remedies to reduce the Hernias. And as it has been said by our Professor of Surgery - There is more credit in preventing the necessity of an operation than there is in operating successfully - So it becomes the duty of every honourable Physician to try the effects of remedies before running the risk of an operation.

The remedies found most successful

in the treatment of Strangulated Hernia
are Aconit - Anty Vom. & Sulph acid
& these when properly used will often
be the means of liberating the stricture

How much better is our mode of treat-
ment - than that of our Allopathic Brother-
sun which consists in bleeding - the use
of the Tobacco Glyster - Warm baths &c.
which in so many instances have suc-
ceeded in preventing an operation by
destroying the life of the patient. And
even if it does not go so far as this - debil-
itates the system to such an extent as
to render the operation extremely dangerous

Respectfully submitted

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